

Asbestos & Lead Regulatory Program

Vermont Department of Health

PERMIT APPLICATION FOR ASBESTOS ABATEMENT PROJECT

(Refer to [Vermont Regulations for Asbestos Control](#) for complete rules on notification)

Please type in all information in the blanks, then print this form on your local printer. **Sign, date and mail** the application.

Name of Abatement Entity:

Ph:

Fax:

Address of Abatement Entity:

City, State, Zip:

Asbestos Abatement Entity License #:

Name and street address of building:

City, State, Zip:

Building owner & address:

City, State, Zip:

Building is (check one): Commercial Industrial School/University Public Private Rental Other

Specify location and types of asbestos containing materials involved:

Type of abatement activity to be performed: (please check)

Removal Repair Encapsulate Enclosure Cleanup Demolition Emergency

Amount of asbestos containing material involved: Ln. ft. Sq. ft. Other Units'

PLEASE ATTACH A DRAWING OF THE WORK AREA TO INCLUDE CONTAINMENT, NEG. AIR, AND DECON. LOCATIONS

Starting date:

Completion date:

Name of on-site supervisor and VT Certification No:

Name of Consultant/Consulting Company:

Work practices to be used according to the following VRAC Sections:

Alternative work procedures requested: Yes No

Does the project fall under a waste waiver? Yes No Waste Waiver #

Name and address of final disposal site:

Notification sent to the following agencies:

Name and signature of Notification Preparer:

Print: _____ Signature: _____ Date: _____

Mail completed form to: Asbestos and Lead Regulatory Program
Vermont Department of Health
108 Cherry Street, Burlington, VT 05402

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